

<i>SERFF Tracking Number:</i>	<i>MUTA-125713270</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39439</i>
<i>Company Tracking Number:</i>	<i>LORI CWACH</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>2008 NYLIC PreStd & Std Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>2008 Annual Rate Filing/NYLIC AR 2008</i>		

Filing at a Glance

Company: New York Life Insurance Company

Product Name: 2008 NYLIC PreStd & Std SERFF Tr Num: MUTA-125713270 State: ArkansasLH

Medicare Supplement

TOI: MS06 Medicare Supplement - Other

SERFF Status: Closed

State Tr Num: 39439

Sub-TOI: MS06.000 Medicare Supplement - Other

Co Tr Num: LORI CWACH

State Status: Approved-Closed

Filing Type: Rate

Co Status:

Reviewer(s): Stephanie Fowler

Authors: Rick Schommer, Lori
Cwach

Disposition Date: 08/20/2008

Date Submitted: 06/26/2008

Disposition Status: Approved

Implementation Date Requested: 10/01/2008

Implementation Date:

State Filing Description:

General Information

Project Name: 2008 Annual Rate Filing

Status of Filing in Domicile: Pending

Project Number: NYLIC AR 2008

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 5%

Group Market Type:

Filing Status Changed: 08/20/2008

State Status Changed: 08/20/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This filing has been prepared to demonstrate loss ratio compliance as required by OBRA-90 and to request approval for the proposed rates. The proposed implementation date is October 1, 2008.

Company and Contact

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<i>Product Name:</i>	<i>2008 NYLIC PreStd & Std Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>2008 Annual Rate Filing/NYLIC AR 2008</i>		

Filing Contact Information

Lori Cwach, Actuarial Analyst I	lori.cwach@mutualofomaha.com
Rerating Department	(402) 351-4249 [Phone]
Omaha, NE 68175	

Filing Company Information

New York Life Insurance Company	CoCode: 66915	State of Domicile: New York
3316 Farnam Street	Group Code: 826	Company Type: Life and Health
Omaha, NE 68175	Group Name:	State ID Number:
(800) 995-5991 ext. [Phone]	FEIN Number: 13-5582869	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	closed blocks of business with combined experience, one \$50.00 fee is required
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance Company	\$50.00	06/26/2008	21112509

SERFF Tracking Number:	MUTA-125713270	State:	Arkansas
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TOI:	MS06 Medicare Supplement - Other	Sub-TOI:	MS06.000 Medicare Supplement - Other
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	08/20/2008	08/20/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	07/17/2008	07/17/2008	Lori Cwach	07/18/2008	07/18/2008
Pending Industry Response	Stephanie Fowler	07/08/2008	07/08/2008	Lori Cwach	07/08/2008	07/08/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Review	Note To Reviewer	Lori Cwach	08/19/2008	08/19/2008

<i>SERFF Tracking Number:</i>	<i>MUTA-125713270</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>2008 NYLIC PreStd & Std Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>2008 Annual Rate Filing/NYLIC AR 2008</i>		

Disposition

Disposition Date: 08/20/2008

Implementation Date:

Status: Approved

Comment: We have approved the requested 5.0% rate increase to be implemented on or after October 1, 2008. This approval is subject to the following:

Increases will not be given more frequently than once in a twelve-month period.

Rate data does NOT apply to filing.

SERFF Tracking Number:	MUTA-125713270	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	39439
Company Tracking Number:	LORI CWACH		
TOI:	MS06 Medicare Supplement - Other	Sub-TOI:	MS06.000 Medicare Supplement - Other
Product Name:	2008 NYLIC PreStd & Std Medicare Supplement		
Project Name/Number:	2008 Annual Rate Filing/NYLIC AR 2008		

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved	No
Supporting Document	Health - Actuarial Justification	Approved	No
Rate	Rates	Approved	No

SERFF Tracking Number: MUTA-125713270 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 39439
Company Tracking Number: LORI CWACH
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: 2008 NYLIC PreStd & Std Medicare Supplement
Project Name/Number: 2008 Annual Rate Filing/NYLIC AR 2008

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/17/2008
Submitted Date 07/17/2008
Respond By Date 08/18/2008

Dear Lori Cwach,

This will acknowledge receipt of the captioned filing.

Please note that the fee for rates is \$50.00 for each form submitted. Please send the correct filing fee for this submission.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/18/2008
Submitted Date 07/18/2008

Dear Stephanie Fowler,

Comments:

Response 1

Comments: Hi Stephanie,

In the Arkansas general instructions under section 4, it states "For pre-standard Medicare Supplement and/or closed blocks of business with combined experience, one \$50.00 fee is required".

This filing represents a closed block of business with combined experience. According to your instructions, the fee should be \$50.00.

Please let me know if our interpretation of the instructions is incorrect.

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<i>Project Name/Number:</i>	<i>2008 Annual Rate Filing/NYLIC AR 2008</i>		

Thank you.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Lori Cwach, Rick Schommer

SERFF Tracking Number: MUTA-125713270 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 39439
Company Tracking Number: LORI CWACH
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: 2008 NYLIC PreStd & Std Medicare Supplement
Project Name/Number: 2008 Annual Rate Filing/NYLIC AR 2008

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/08/2008
Submitted Date 07/08/2008

Respond By Date

Dear Lori Cwach,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment: This item contains information for Mutual of Omaha Insurance Company. Please clarify.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/08/2008
Submitted Date 07/08/2008

Dear Stephanie Fowler,

Comments:

Response 1

Comments: The information shown in the Exhibit 1 is for the New York Life Insurance Company block of business. We had a glitch in our reporting software that has been corrected. My apologies for the incorrect exhibit title.

I have re-attached a corrected exhibit 1.

Thank you.

Related Objection 1

Applies To:

SERFF Tracking Number: *MUTA-125713270* *State:* *Arkansas*
Filing Company: *New York Life Insurance Company* *State Tracking Number:* *39439*
Company Tracking Number: *LORI CWACH*
TOI: *MS06 Medicare Supplement - Other* *Sub-TOI:* *MS06.000 Medicare Supplement - Other*
Product Name: *2008 NYLIC PreStd & Std Medicare Supplement*
Project Name/Number: *2008 Annual Rate Filing/NYLIC AR 2008*

- **Health - Actuarial Justification (Supporting Document)**

Comment:

This item contains information for Mutual of Omaha Insurance Company. Please clarify.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Health - Actuarial Justification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Lori Cwach, Rick Schommer

SERFF Tracking Number: *MUTA-125713270* *State:* *Arkansas*
Filing Company: *New York Life Insurance Company* *State Tracking Number:* *39439*
Company Tracking Number: *LORI CWACH*
TOI: *MS06 Medicare Supplement - Other* *Sub-TOI:* *MS06.000 Medicare Supplement - Other*
Product Name: *2008 NYLIC PreStd & Std Medicare Supplement*
Project Name/Number: *2008 Annual Rate Filing/NYLIC AR 2008*

Note To Reviewer

Created By:

Lori Cwach on 08/19/2008 03:04 PM

Subject:

Filing Review

Comments:

Hi Stephanie,

I was wondering if you could let me know the status of your review? Thanks!

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	MUTA-125713270	State:	Arkansas
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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	Rates	7745-1, 8145-1, NYM13, NYM14, NYM15, NYM16	New		Rate Summary.pdf Rates08.pdf Zips08.pdf

NEW YORK LIFE INSURANCE COMPANY

Summary of Rate Schedules

STATE: ARKANSAS

PRE-STANDARDIZED MEDICARE SUPPLEMENT

<u>FORM</u>	<u>DATE APPROVED</u>	<u>RATE SCHEDULE</u>		
7745-1	09/13/77	NY77	AR BASE RATE	04/16/2008 0006
8145-1	08/04/81	NY81	AR BASE RATE	04/16/2008 0006

STANDARDIZED MEDICARE SUPPLEMENT

<u>FORM</u>	<u>DATE APPROVED</u>	<u>RATE SCHEDULE</u>		
NYM13	10/21/93	NYM13	AR BASE RATE	04/16/2008 0007
NYM14	10/21/93	NYM14	AR BASE RATE	04/16/2008 0007
NYM15	10/21/93	NYM15	AR BASE RATE	04/16/2008 0007
NYM16	10/21/93	NYM16	AR BASE RATE	04/16/2008 0007

New York Life Insurance Company
Schedule of Annual Rates
For Policy Form 7745-1 and Related Forms - Arkansas

Date: 06/18/2008
Page 1 of 6

RISK STANDARD

Issue Age	Individual	Issue Age	Family
65&Over	1367.71	65&Over	1329.92

New York Life Insurance Company
Schedule of Annual Rates
For Policy Form 7745-1 and Related Forms - Arkansas
SPECIAL CLASS PERMANENT EXTRA 1 PREMIUMS

Date: 06/18/2008
Page 2 of 6

Issue Age	Individual	Issue Age	Family
65&Over	341.92	65&Over	332.51

New York Life Insurance Company
Schedule of Annual Rates
For Policy Form 7745-1 and Related Forms - Arkansas
SPECIAL CLASS PERMANENT EXTRA 2 PREMIUMS

Date: 06/18/2008
Page 3 of 6

Issue Age	Individual	Issue Age	Family
65&Over	547.09	65&Over	531.98

New York Life Insurance Company
Schedule of Annual Rates
For Policy Form 7745-1 and Related Forms - Arkansas
SPECIAL CLASS PERMANENT EXTRA 3 PREMIUMS

Date: 06/18/2008
Page 4 of 6

Issue Age	Individual	Issue Age	Family
65&Over	957.40	65&Over	931.00

New York Life Insurance Company
Schedule of Annual Rates
For Policy Form 7745-1 and Related Forms - Arkansas
SPECIAL CLASS PERMANENT EXTRA 4 PREMIUMS

Date: 06/18/2008
Page 5 of 6

Issue Age	Individual	Issue Age	Family
65&Over	1504.51	65&Over	1462.97

New York Life Insurance Company
Schedule of Annual Rates
For Policy Form 7745-1 and Related Forms - Arkansas
SPECIAL CLASS PERMANENT EXTRA 5 PREMIUMS

Date: 06/18/2008
Page 6 of 6

Issue Age	Individual	Issue Age	Family
65&Over	2188.37	65&Over	2127.93

New York Life Insurance Company
Schedule of Annual Rates
For Policy Form 8145-1 and Related Forms - Arkansas
H-81 Medicare Supplement Expense Policy

Date: 06/18/2008
Page 1 of 1

Issue Age	Individual	Issue Age	Family
65&Over	3705.07	65&Over	3601.55

Schedule of Monthly Rates
For Policy Form NYM13 - Arkansas

Attained
Age

All 175.94

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Schedule of Monthly Rates
For Policy Form NYM14 - Arkansas

Attained
Age

All 296.96

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Schedule of Monthly Rates
For Policy Form NYM15 - Arkansas

Attained Age	
All	315.05

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Schedule of Monthly Rates
For Policy Form NYM16 - Arkansas

Attained
Age

All 660.59

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

AREA FACTORS FOR ZIP RATED MEDICARE SUPPLEMENT POLICY FORMS

PREPARED BY: H&A ACTUARIAL

THESE FACTORS WILL BE REFILED ON AN ANNUAL BASIS AND ARE SUBJECT TO REVISION BETWEEN ANNUAL FILINGS.
FACTOR REDUCTIONS OCCURRING BETWEEN ANNUAL FILINGS WILL BE IMPLEMENTED WITHOUT FILING FOR APPROVAL.
FACTOR INCREASES OCCURRING BETWEEN ANNUAL FILINGS WILL NOT BE IMPLEMENTED WITHOUT FILING FOR APPROVAL.

Arkansas

Current Zip Code	Current Area Code	Current Factor	Proposed Zip Code	Proposed Area Code	Proposed Factor
<u>Digits</u>			<u>Digits</u>		
716	C	0.85	716	C	0.85
717	C	0.85	717	C	0.85
718	C	0.85	718	C	0.85
719	C	0.85	719	C	0.85
720	C	0.85	720	C	0.85
721	C	0.85	721	C	0.85
722	C	0.85	722	C	0.85
723	C	0.85	723	C	0.85
724	C	0.85	724	C	0.85
725	C	0.85	725	C	0.85
726	C	0.85	726	C	0.85
727	C	0.85	727	C	0.85
728	C	0.85	728	C	0.85
729	C	0.85	729	C	0.85
755	C	0.85	755	C	0.85